

APPLICATION FOR DEATH CERTIFICATE

MAIL TO: City of Hartford, Bureau of Vital Records
550 Main Street, Hartford, CT 06103
Copies are \$5.00 each

Full Name of Deceased: _____

Date of Death: _____

Place of Death _____

Name _____

Address _____

Person Making This Application

Name (Please Print) _____

Signature _____

Address _____
Street Town Zip

Mailed-In Written Request

Include this form (completely filled out), a self addressed stamped envelope, and a check or money made payable to the City of Hartford. Copies are \$5 each.

Faxed Written Request

Include this form (completely filled out), your credit card number, type of card and expiration date. The fees are \$5.00 per certificate plus \$5.00 for shipping and handling by regular mail. Federal Express overnight fee will apply if requested.

Mark here if you wish certificate sent Federal Express _____

Credit Card type _____ Expiration Date _____

Credit Card # _____

Signature as name appears on Credit Card _____